

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 786,043	FILING DATE		
						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1									
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5			2						
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9			2						
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11									
12			1						
13			2						
14									
15									
16			1						
17			2						
18									
19									
20			2						
21									
22			1						
23			2						
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33			①						
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35			1						
36									
37			①						
38			①						
39			①						
40			①						
41			①						
42			1						
43									
44									
45			3						
46			3						
47									
48			1						
49									
50			1						
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-786,043 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IN	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
10	/						51							
102	/						52							
103	/						53							
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142	/						92							
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144		/					94							
145		/					95							
146		2					96							
147	/						97							
148	/						98							
149		/					99							
150	/						100							
TOTAL IND.	22						TOTAL IND.							
TOTAL DEP.	39						TOTAL DEP.							
TOTAL CLAIMS	61						TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

2 of 2

BEST AVAILABLE COPY

Claim	Date	
	Final	Original
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Claim	Date	
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If more than 150 claims or 10 actions  
staple additional sheet here

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2/10/02